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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator
Amoco Production Company

Address
P.O. DRAWER A, LEVELLAND, TEXAS 79336

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	Other (Please explain) <u>CHANGE LEASE AND WELL NAME FROM BRADLEY #1 TO SOUTH HOBBS UNIT #115</u>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SOUTH HOBBS UNIT</u>	Well No. <u>115</u>	Pool Name, including Formation <u>HOBBS GRAYBURG SAN ANDRES</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location				
Unit Letter <u>I</u>	: <u>330</u> Feet From The <u>EAST</u> Line and <u>2310</u> Feet From The <u>SOUTH</u>			
Line of Section <u>6</u>	Township <u>19-5</u>	Range <u>38-E</u>	NMPM, <u>LEA</u>	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>SHELL PIPELINE CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>800 WILCO BLDG., MIDLAND, TEXAS 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS PETROLEUM CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>BARTLESVILLE, OKLAHOMA</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>6</u>	Twp. <u>19</u>	Rge. <u>38</u>
	Is gas actually connected? <u>YES</u>		When <u>JULY 15, 1954</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

III. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

IV. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Kenneth Brand
(Signature)
Senior Staff Assistant
(Title)
6-28-77
(Date)

OIL CONSERVATION COMMISSION
JUL 5 1977
APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

Operator
 AMOCO PRODUCTION COMPANY

Address
 P.O. Drawer A, Levelland, Texas 79336

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change In Transporter of:
 Recompletion Oil Dry Gas Change Lease Name From O. O. Bradley to
 Change In Ownership Casinghead Gas Condensate Bradley

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
 Lease Name: Bradley Well No.: 1 Pool Name, Including Formation: Hobbs Grayburg San Andres Kind of Lease: State, Federal or Fee Fee: Lease No.:
 Location: Unit Letter I; 330 Feet From The East Line and 2310 Feet From The South
 Line of Section 6 Township 19-S Range 38-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
 Shell Pipeline Co. 800 Wilco Bldg. Midland, Texas 79701
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
 Phillips Petroleum Co. Bartlesville, Oklahoma
 Well produces oil or liquids, give location of tanks. Unit I, Sec. 6, Twp. 19, Rge. 38 Is gas actually connected? Yes When July 15, 1954

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Dir. Res'v.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Deviations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE NEW WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
 Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
 Length of Test Tubing Pressure Casing Pressure Choke Size
 Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

TEST WELL
 Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

CERTIFICATE OF COMPLIANCE
 I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
 Ray W. Cox
 (Signature)
 Administrative Assistant
 (Title)
 1-21-77
 (Date)
 NMOC-C-H
 Div

OIL CONSERVATION COMMISSION
 APPROVED Jan 21 1977, 19____
 BY John P. Smith
 Geologist
 TITLE _____
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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**NEW MEXICO OIL CONSERVATION COMMISSION
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AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator
AMOCO PRODUCTION COMPANY

Address
P.O. DRAWER A, LEVELLAND, TEXAS 79336

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: **Change in ownership from W.K. Byrom**

Recompletion Oil Dry Gas **To Amoco Prod. Co.**

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner **W.K. Byrom Box 147 Hobbs, N.M. 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name D.O. BRADLEY	Well No. 1	Pool Name, including Formation HOBBS GRAYBURG SAN ANDRES	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter I	330 Feet From The EAST Line and 2310 Feet From The SOUTH			
Line of Section 6	Township 19-S	Range 38-E	N.M.P.M.	County LEA

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPELINE Co.	Address (Give address to which approved copy of this form is to be sent) 800 WILCO BLDG. MIDLAND, TEX. 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM Co.	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE, OKLAHOMA			
If well produces oil or liquids, give location of tanks.	Unit 6	Sec. 19	Twp. 38	Is gas actually connected? When YES July 15, 1954

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TFST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ray W. Cox
(Signature)
Administrative Assistant
(Title)

12-30-76
(Date)

44-NMOCC-11
1-Div.
1-Susp.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *[Signature]*
[Signature]
TITLE **[Signature]**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name, or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiply completed wells.